

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Amalgamated Life Insurance Company Political Action Committee

ADDRESS (number and street)

730 Broadway

☐Check if different
than previously
reported. (ACC)

New York

NY

10003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00369827

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2006

through

09

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Victoria R. Sartor

Signature of Treasurer

Electronically Filed by Victoria R. Sartor

Date

10

13

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		57236.96
(b) Cash on Hand at Beginning of Reporting Period	56168.55	
(c) Total Receipts (from Line 19)	3692.17	10623.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59860.72	67860.72
7. Total Disbursements (from Line 31)	6100.00	14100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53760.72	53760.72
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3199.00	5669.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	436.00	4785.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	3635.00	10454.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	3635.00	10454.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	57.17	169.76
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3692.17	10623.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3692.17	10623.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		6100.00	14100.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		6100.00	14100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		6100.00	14100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3635.00	10454.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3635.00	10454.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City State Zip Code Bellmore NY 11710 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 6 Transaction ID: SA11A1.7903 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City State Zip Code Bellmore NY 11710 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.7930 Amount of Each Receipt this Period 20.00
C. Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City State Zip Code Bellmore NY 11710 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Transaction ID: SA11A1.7957 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional) ▶		60.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin Cleary

Mailing Address 3111 Timothy Road

City State Zip Code
 Bellmore NY 11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.7984

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Kevin Cleary

Mailing Address 3111 Timothy Road

City State Zip Code
 Bellmore NY 11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.8035

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Kevin Cleary

Mailing Address 3111 Timothy Road

City State Zip Code
 Bellmore NY 11710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.8009

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Kevin Cleary Mailing Address 3111 Timothy Road City State Zip Code Bellmore NY 11710 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.8061 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue City State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 6 Transaction ID: SA11A1.7904 Amount of Each Receipt this Period 30.00
C. Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue City State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.7931 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue City State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Transaction ID: SA11A1.7958 Amount of Each Receipt this Period 30.00
B. Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue City State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.7985 Amount of Each Receipt this Period 30.00
C. Full Name (Last, First, Middle Initial) Martin R. Cohen Mailing Address 63 Jefferson Avenue City State Zip Code Islip Terrace NY 11752 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.8036 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Martin R. Cohen		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 63 Jefferson Avenue		
City Islip Terrace	State NY	Zip Code 11752
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.8010
Name of Employer Amalgamated Life Insurance Company		Amount of Each Receipt this Period 30.00
Occupation Chief Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 570.00

B. Full Name (Last, First, Middle Initial) Martin R. Cohen		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 63 Jefferson Avenue		
City Islip Terrace	State NY	Zip Code 11752
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.8062
Name of Employer Amalgamated Life Insurance Company		Amount of Each Receipt this Period 30.00
Occupation Chief Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00

C. Full Name (Last, First, Middle Initial) Patrick J. Coughlan		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 5933 Palmetto Street		
City Philadelphia	State PA	Zip Code 19120
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.7905
Name of Employer		Amount of Each Receipt this Period 20.00
Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City State Zip Code
 Philadelphia PA 19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.7932

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City State Zip Code
 Philadelphia PA 19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.7959

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City State Zip Code
 Philadelphia PA 19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.7986

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City State Zip Code
 Philadelphia PA 19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.8037

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City State Zip Code
 Philadelphia PA 19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.8011

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)

Patrick J. Coughlan

Mailing Address 5933 Palmetto Street

City State Zip Code
 Philadelphia PA 19120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.8063

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas D. Delaney

Mailing Address 314 Foster Avenue

City State Zip Code
 Sayville NY 11782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Co.

Occupation
SVP, Sales & Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.7906

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas D. Delaney

Mailing Address 314 Foster Avenue

City State Zip Code
 Sayville NY 11782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Co.

Occupation
SVP, Sales & Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.7933

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas D. Delaney

Mailing Address 314 Foster Avenue

City State Zip Code
 Sayville NY 11782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Co.

Occupation
SVP, Sales & Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.7960

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas D. Delaney

Mailing Address 314 Foster Avenue

City State Zip Code
 Sayville NY 11782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Co.

Occupation
SVP, Sales & Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.7987

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas D. Delaney

Mailing Address 314 Foster Avenue

City State Zip Code
 Sayville NY 11782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Co.

Occupation
SVP, Sales & Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.8038

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas D. Delaney

Mailing Address 314 Foster Avenue

City State Zip Code
 Sayville NY 11782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Co.

Occupation
SVP, Sales & Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.8012

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas D. Delaney

Mailing Address 314 Foster Avenue

City State Zip Code
 Sayville NY 11782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Co.

Occupation
SVP, Sales & Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.8064

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michael Hirsch

Mailing Address 91 Bradford Lane

City State Zip Code
 Plainsboro NJ 08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.7908

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Michael Hirsch

Mailing Address 91 Bradford Lane

City State Zip Code
 Plainsboro NJ 08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.7935

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City State Zip Code
 Plainsboro NJ 08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.7962

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City State Zip Code
 Plainsboro NJ 08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.7989

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City State Zip Code
 Plainsboro NJ 08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.8040

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City State Zip Code
 Plainsboro NJ 08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.8014

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

Michael Hirsch

Mailing Address 91 Bradford Lane

City State Zip Code
 Plainsboro NJ 08536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Exec. VP-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.8066

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 11577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.7909

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 11577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.7936

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 11577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.7963

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 11577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.7990

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 11577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.8041

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 11577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.8015

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jeanne Jarvis-Meara

Mailing Address 42 Center Court

City State Zip Code
 Roslyn Heights NY 11577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.8067

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Lawrence Kleinman Mailing Address 340 West 28th Street City State Zip Code New York NY 10001 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Manager-B Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 6 Transaction ID: SA11A1.7911 Amount of Each Receipt this Period 15.00
B. Full Name (Last, First, Middle Initial) Lawrence Kleinman Mailing Address 340 West 28th Street City State Zip Code New York NY 10001 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Manager-B Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.7938 Amount of Each Receipt this Period 15.00
C. Full Name (Last, First, Middle Initial) Lawrence Kleinman Mailing Address 340 West 28th Street City State Zip Code New York NY 10001 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Manager-B Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Transaction ID: SA11A1.7965 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Lawrence Kleinman Mailing Address 340 West 28th Street City State Zip Code New York NY 10001 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Manager-B Aggregate Year-to-Date ▼ 255.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.7992 Amount of Each Receipt this Period 15.00
B. Full Name (Last, First, Middle Initial) Lawrence Kleinman Mailing Address 340 West 28th Street City State Zip Code New York NY 10001 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Manager-B Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.8043 Amount of Each Receipt this Period 15.00
C. Full Name (Last, First, Middle Initial) Lawrence Kleinman Mailing Address 340 West 28th Street City State Zip Code New York NY 10001 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Manager-B Aggregate Year-to-Date ▼ 285.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.8017 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Lawrence Kleinman
Mailing Address 340 West 28th Street

City State Zip Code
New York NY 10001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Manager-B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.8069

Amount of Each Receipt this Period

15.00

B. Full Name (Last, First, Middle Initial)
Arthur M. Kurek
Mailing Address 10 Claremont Avenue

City State Zip Code
Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.7912

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
Arthur M. Kurek
Mailing Address 10 Claremont Avenue

City State Zip Code
Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.7939

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.7966

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.7993

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.8044

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.8018

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Arthur M. Kurek

Mailing Address 10 Claremont Avenue

City State Zip Code
 Bloomfield NJ 07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.8070

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City State Zip Code
 Scarsdale NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.7913

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City State Zip Code
 Scarsdale NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.7940

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)
Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City State Zip Code
 Scarsdale NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.7967

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)
Claire Levitt-Davis

Mailing Address 84 Boulder Ridge Road

City State Zip Code
 Scarsdale NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.7994

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Claire Levitt-Davis
 Mailing Address 84 Boulder Ridge Road

City State Zip Code
 Scarsdale NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.8045

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)
 Claire Levitt-Davis
 Mailing Address 84 Boulder Ridge Road

City State Zip Code
 Scarsdale NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.8019

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)
 Claire Levitt-Davis
 Mailing Address 84 Boulder Ridge Road

City State Zip Code
 Scarsdale NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
President-AMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.8071

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ronald Minikes		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 24 Burling Avenue		
City White Plains	State NY	Zip Code 10605
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.7916
Name of Employer Amalgamated Life Insurance Company		Amount of Each Receipt this Period 40.00
Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 560.00

B. Full Name (Last, First, Middle Initial) Ronald Minikes		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 24 Burling Avenue		
City White Plains	State NY	Zip Code 10605
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.7943
Name of Employer Amalgamated Life Insurance Company		Amount of Each Receipt this Period 40.00
Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00

C. Full Name (Last, First, Middle Initial) Ronald Minikes		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 24 Burling Avenue		
City White Plains	State NY	Zip Code 10605
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.7970
Name of Employer Amalgamated Life Insurance Company		Amount of Each Receipt this Period 40.00
Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 640.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ronald Minikes Mailing Address 24 Burling Avenue City State Zip Code White Plains NY 10605 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.7997 Amount of Each Receipt this Period 40.00
B. Full Name (Last, First, Middle Initial) Ronald Minikes Mailing Address 24 Burling Avenue City State Zip Code White Plains NY 10605 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.8048 Amount of Each Receipt this Period 40.00
C. Full Name (Last, First, Middle Initial) Ronald Minikes Mailing Address 24 Burling Avenue City State Zip Code White Plains NY 10605 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.8022 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Ronald Minikes Mailing Address 24 Burling Avenue City State Zip Code White Plains NY 10605 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.8074 Amount of Each Receipt this Period 40.00
B. Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Avenue City State Zip Code Piscataway NJ 08854 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 6 Transaction ID: SA11A1.7919 Amount of Each Receipt this Period 20.00
C. Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Avenue City State Zip Code Piscataway NJ 08854 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.7946 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City State Zip Code
Piscataway NJ 08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.7973

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City State Zip Code
Piscataway NJ 08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.7998

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)

William Porozok

Mailing Address 68 Mitchell Avenue

City State Zip Code
Piscataway NJ 08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.8050

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Avenue City State Zip Code Piscataway NJ 08854 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.8024 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Middle Initial) William Porozok Mailing Address 68 Mitchell Avenue City State Zip Code Piscataway NJ 08854 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.8076 Amount of Each Receipt this Period 20.00
C. Full Name (Last, First, Middle Initial) Victoria R. Sartor Mailing Address 117 Burke Place City State Zip Code Paramus NJ 07652 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation VP, Finance Reporting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 6 Transaction ID: SA11A1.7920 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional) ▶		70.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code
 Paramus NJ 07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.7947

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code
 Paramus NJ 07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.7974

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)

Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code
 Paramus NJ 07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.7999

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code
 Paramus NJ 07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.8051

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code
 Paramus NJ 07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.8025

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Victoria R. Sartor

Mailing Address 117 Burke Place

City State Zip Code
 Paramus NJ 07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP, Finance Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.8077

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Street City Staten Island State NY Zip Code 10307 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Corporate ATT. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt MM / DD / YYYY 07 / 05 / 2006 Transaction ID: SA11A1.7921 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Street City Staten Island State NY Zip Code 10307 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Corporate ATT. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 07 / 19 / 2006 Transaction ID: SA11A1.7948 Amount of Each Receipt this Period 20.00
C. Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Street City Staten Island State NY Zip Code 10307 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Corporate ATT. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		Date of Receipt MM / DD / YYYY 08 / 02 / 2006 Transaction ID: SA11A1.7975 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Street City Staten Island State NY Zip Code 10307 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Corporate ATT. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt MM / DD / YYYY 08 / 16 / 2006 Transaction ID: SA11A1.8000 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Street City Staten Island State NY Zip Code 10307 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Corporate ATT. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt MM / DD / YYYY 08 / 30 / 2006 Transaction ID: SA11A1.8052 Amount of Each Receipt this Period 20.00
C. Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Street City Staten Island State NY Zip Code 10307 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Corporate ATT. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00		Date of Receipt MM / DD / YYYY 09 / 13 / 2006 Transaction ID: SA11A1.8026 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mark Schwartz Mailing Address 130 Aspinwall Street City Staten Island State NY Zip Code 10307 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Corporate ATT. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.8078 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue City Piscataway State NJ Zip Code 08854 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Exec. Dir. Fund & Pool Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.7949 Amount of Each Receipt this Period 14.00
C. Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue City Piscataway State NJ Zip Code 08854 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Exec. Dir. Fund & Pool Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 224.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Transaction ID: SA11A1.7976 Amount of Each Receipt this Period 14.00

SUBTOTAL of Receipts This Page (optional)

48.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue City State Zip Code Piscataway NJ 08854 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Exec. Dir. Fund & Pool Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 238.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.8001 Amount of Each Receipt this Period 14.00
B. Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue City State Zip Code Piscataway NJ 08854 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Exec. Dir. Fund & Pool Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.8053 Amount of Each Receipt this Period 14.00
C. Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue City State Zip Code Piscataway NJ 08854 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Exec. Dir. Fund & Pool Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 266.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.8027 Amount of Each Receipt this Period 14.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Lee Souksay Mailing Address 12 Bev Avenue City State Zip Code Piscataway NJ 08854 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Exec. Dir. Fund & Pool Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.8079 Amount of Each Receipt this Period 14.00
B. Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott PA City State Zip Code Brooklyn NY 11217 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6 Transaction ID: SA11A1.7923 Amount of Each Receipt this Period 30.00
C. Full Name (Last, First, Middle Initial) Thomas G. Thompson Mailing Address 25 South Eliott PA City State Zip Code Brooklyn NY 11217 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.7950 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)

74.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas G. Thompson

Mailing Address 25 South Eliott PA

City State Zip Code
 Brooklyn NY 11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.7977

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Thomas G. Thompson

Mailing Address 25 South Eliott PA

City State Zip Code
 Brooklyn NY 11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.8002

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Thomas G. Thompson

Mailing Address 25 South Eliott PA

City State Zip Code
 Brooklyn NY 11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.8054

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas G. Thompson

Mailing Address 25 South Eliott PA

City State Zip Code
 Brooklyn NY 11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.8028

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Thomas G. Thompson

Mailing Address 25 South Eliott PA

City State Zip Code
 Brooklyn NY 11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.8080

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Rosanne Tralongo

Mailing Address 9 Lockwood Lane

City State Zip Code
 Closter NJ 07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.7924

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Rosanne Tralongo Mailing Address 9 Lockwood Lane City Closter State NJ Zip Code 07624 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.7951 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Middle Initial) Rosanne Tralongo Mailing Address 9 Lockwood Lane City Closter State NJ Zip Code 07624 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Transaction ID: SA11A1.7978 Amount of Each Receipt this Period 20.00
C. Full Name (Last, First, Middle Initial) Rosanne Tralongo Mailing Address 9 Lockwood Lane City Closter State NJ Zip Code 07624 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation AVP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.8003 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Rosanne Tralongo
Mailing Address 9 Lockwood Lane

City State Zip Code
Closter NJ 07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.8055

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)
Rosanne Tralongo
Mailing Address 9 Lockwood Lane

City State Zip Code
Closter NJ 07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.8029

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)
Rosanne Tralongo
Mailing Address 9 Lockwood Lane

City State Zip Code
Closter NJ 07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
AVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.8081

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 6	
Mailing Address 64 Thornton Street			Transaction ID: SA11A1.7925	
City State Zip Code Lawrence MA 01841			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Amalgamated Life Insurance Company		Occupation Director - AD. Service		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00		
B. Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 6	
Mailing Address 64 Thornton Street			Transaction ID: SA11A1.7952	
City State Zip Code Lawrence MA 01841			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Amalgamated Life Insurance Company		Occupation Director - AD. Service		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 6	
Mailing Address 64 Thornton Street			Transaction ID: SA11A1.7979	
City State Zip Code Lawrence MA 01841			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Amalgamated Life Insurance Company		Occupation Director - AD. Service		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Elizabeth Veloso Mailing Address 64 Thornton Street City State Zip Code Lawrence MA 01841 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Director - AD. Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.8004 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Middle Initial) Elizabeth Veloso Mailing Address 64 Thornton Street City State Zip Code Lawrence MA 01841 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Director - AD. Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.8056 Amount of Each Receipt this Period 20.00
C. Full Name (Last, First, Middle Initial) Elizabeth Veloso Mailing Address 64 Thornton Street City State Zip Code Lawrence MA 01841 FEC ID number of contributing federal political committee. C Name of Employer Amalgamated Life Insurance Company Occupation Director - AD. Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.8030 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Elizabeth Veloso			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 6	
Mailing Address 64 Thornton Street			Transaction ID: SA11A1.8082	
City State Zip Code Lawrence MA 01841			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Amalgamated Life Insurance Company		Occupation Director - AD. Service		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
B. Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 6	
Mailing Address 49-10 Scarborough Street			Transaction ID: SA11A1.7926	
City State Zip Code Freehold NJ 07728			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Amalgamated Life Insurance Company		Occupation Sr. Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00		
C. Full Name (Last, First, Middle Initial) Jeffrey Warbet			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 6	
Mailing Address 49-10 Scarborough Street			Transaction ID: SA11A1.7953	
City State Zip Code Freehold NJ 07728			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Amalgamated Life Insurance Company		Occupation Sr. Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City State Zip Code
 Freehold NJ 07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.7980

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City State Zip Code
 Freehold NJ 07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.8005

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City State Zip Code
 Freehold NJ 07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.8057

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City State Zip Code
 Freehold NJ 07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.8031

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

Jeffrey Warbet

Mailing Address 49-10 Scarborough Street

City State Zip Code
 Freehold NJ 07728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amalgamated Life Insurance
Company

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.8083

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

3199.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 48

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Amalgamated Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brown Brown For Attorney General

Mailing Address 2633 Telegraph Avenue, Suite 302

City State Zip Code
Oakland CA 94612

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.8089

Date of Disbursement

M M / D D / Y Y Y Y
08 16 2006

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. Crist, Charlie Charlie Crist For Governor

Mailing Address 420 E. Jefferson Street

City State Zip Code
Tallahassee FL 32301

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.8091

Date of Disbursement

M M / D D / Y Y Y Y
07 14 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Edwards, Donna Donna Edwards For Congress

Mailing Address 3737 Branch Avenue

City State Zip Code
Temple Hills MD 20748

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.8093

Date of Disbursement

M M / D D / Y Y Y Y
09 06 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

6100.00

TOTAL This Period (last page this line number only)

6100.00